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Country programme document

Kenya

Summary

The Kenya country programme document (CPD) is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $59,100,000 from regular resources, subject to the availability of funds, and $209,200,000 in other resources, subject to the availability of specific-purpose contributions, for the period July 2018 to June 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2018.

* E/ICEF/2018/8.

Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Kenya achieved lower-middle-income status in 2015.[1] The country's positive economic outlook (including 5 per cent growth in its gross domestic product in 2017), and legislative and policy environment is favourable for children. According to a UNICEF 2017 budget analysis, 37 per cent of government spending was in the social sectors. Devolution of health, nutrition, water, sanitation, early childhood development (ECD) to county administrations in 2013 resulted in improvements.

2. Multiple risks threaten the survival and protection of children and women in Kenya. Recurring drought, particularly in arid and semi-arid lands (ASAL), exacerbates food and nutrition insecurity. Water shortages often lead to disease outbreaks (including cholera), acute malnutrition, conflict, displacement, and school closures. Serious flooding has destroyed property and caused fatalities. Health emergencies, inter-clan violence and curtailed service delivery caused by prolonged labour disputes also pose challenges. Insecurity in neighbouring Somalia and South Sudan necessitate additional support for refugees.

3. The UNICEF 2017 Situation Analysis of Children and Women in Kenya confirms deprivation and inequity. Children in ASALs and informal settlements around major cities are particularly vulnerable. Refugee children face heightened risk of violence, exploitation and abuse. Children with disabilities are denied opportunities or abandoned by their families or other caregivers. Girls continue to lag behind boys in the realization of their basic rights.

4. According to a UNICEF equity analysis (EQUIST), under-five and neonatal mortality rates fell from 115 to 52 and 33 to 22 deaths per 1,000 live births, respectively, between 2003 and 2014. Maternal mortality saw no significant decline over the same period. In 2016, the highest rates of under-five and neonatal mortality were in the northern counties and urban informal settlements. Diarrhoea, pneumonia and neonatal complications are the main causes of under-five mortality.

5. The national immunization programme continues to protect more than 8 million children against diseases and conditions, such as pneumonia, diarrhoea, measles and rubella. However, full routine immunization coverage fell from 84 per cent in 2012 to 76 per cent in 2016 due to insufficient county capacity to conduct outreach, maintain vaccine stock levels and manage personnel. Only half of children in pastoralist and underdeveloped counties are immunized against diphtheria, pertussis and tetanus.

6. Nutrition gains between 2008–2009 and 2014 include reductions in the national prevalence of stunting (from 35 per cent to 26 per cent) and underweight (from 16 per cent to 11 per cent, achieving the Millennium Development Goal 1 target), and increases in exclusive breastfeeding (from 32 per cent to 61 per cent). However, these gains are threatened by the 2016–2017 drought, when acute malnutrition rates reached 37 per cent in some ASAL counties. It is estimated that up to 12 per cent of pregnant and lactating women were acutely malnourished. Significant disparities exist across counties. In 2014 stunting levels ranged from 15 per cent to 46 per cent, and acute malnutrition exceeded 20 per cent in the ASAL. More boys than girls are stunted (29.7 per cent and 22.3 per cent, respectively), although this gap reduces with age. Complementary feeding remains suboptimal, with young children's diets limited in quality and quantity due to chronic food insecurity, poor care practices and harmful social norms.

[1] World Bank, "WB Update Says 10 Countries Move Up in Income Bracket", Press release, 1 July 2015 www.worldbank.org/en/news/press-release/2015/07/01/new-world-bank-update-shows-bangladesh-kenya-myanmar-and-tajikistan-as-middle-income-while-south-sudan-falls-back-to-low-income, accessed 5 March 2018.

7. The Sustainable Development Goal baseline estimates for access to basic drinking water and sanitation in Kenya are 58 per cent and 30 per cent, respectively, in 2015.[2] Between 2000 and 2015, access to basic drinking water increased by 12 per cent while access to basic sanitation fell by 1 per cent. Kenya has the third-largest number of people in sub-Saharan Africa who drink directly from contaminated surface water sources (10.6 million people, or 23 per cent of population). An estimated 5.5 million Kenyans (12 per cent) practise open defecation, and only 14 per cent have hand-washing facilities with soap and water at home.[3] Achieving universal access to drinking water and sanitation by 2030 will be challenging given current levels of investment, projected population growth and climate variability.

8. The number of children living with HIV fell from 180,000 in 2010 to 120,000 in 2016. This partially reflects improved access to services; for example, 13.5 per cent more pregnant women living with HIV received antiretroviral therapy in 2015 than in 2013. But incidence among adolescents and young people is concerning; in 2015, they accounted for 47 per cent of new infections; two thirds among females.

9. Despite significant budgetary allocations for education,[4] Kenyan children have substandard learning outcomes due to poor quality teaching and use of an outdated curriculum. The pupil-teacher ratio varies from 30:1 nationally to 77:1 in Turkana County.

10. Some 1.2 million primary-school-age children do not attend school; 40 per cent are girls living in ASAL counties.[5] Between 2011 and 2015, net primary school enrolment stalled at 88 per cent, and the rate is lower in Mandera and Wajir Counties (18.7 per cent and 37 per cent, respectively), particularly for girls (13.3 and 21.2 per cent, respectively). In informal settlements, only 53 per cent of children aged 3 to 18 are enrolled in school[6], and the Committee on the Rights of the Child has expressed concern about the unregulated, low-quality private schools operating in these areas. Lack of water and sanitation contribute to non-attendance.

11. Pre-school enrolment rose from 2.5 million in 2011 to 3.2 million in 2015: half of those newly enrolled are girls. The country's low primary-to-secondary transition rate (86 per cent) results from insufficient secondary schools, other parental priorities and language barriers. In pastoral communities, high dropout rates reflect a perceived lack of value of schooling, long distances to schools and child marriage. According to Ministry of Education 2015 data, the net enrolment rates in secondary education in Mandera and Wajir Counties is 5 per cent and 6.5 per cent, respectively. In 2015, less than 10 per cent of the estimated total number of children with disabilities are registered in schools. Furthermore, the relevance of curricula to employability remains a concern, with youth unemployment (15 to 24 years) at 22.1 per cent in 2017.

12. According to a 2010 study, 66 per cent of females and 73.1 per cent of males experienced physical violence prior to age 18, while 31.9 per cent of females and 17.5 per cent of males experienced sexual violence.[7] The reporting mechanisms and response services to various forms of violence, including online child abuse, are inadequate. In 2010, only 6.8 per cent of females who experienced sexual violence before age 18 sought

[2] WHO/UNICEF, Joint Monitoring Programme, data for Kenya, https://washdata.org/data, accessed on 3 March 2018.

[3] Ibid.

[4] UNICEF, Kenya Investment in Social Sectors, Final Report, 31 March 2017 p. 26.

[5] Ministry of Education, Education Statistical Booklet, 2015.

[6] Ibid.

[7] Violence Against Children in Kenya: Findings from a 2010 National Survey, UNICEF Kenya, United States Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, 2012, www.unicef.org/esaro/VAC_in_Kenya.pdf, accessed 5 March 2018.

professional help and just 3.4 per cent received services of any kind. The figures for males are even lower.

13. The national prevalence of female genital mutilation/cutting (FGM/C) fell from 38 per cent in 1998 to 21 per cent in 2014, according to data from the 2014 Kenya Demographic and Health Survey (KDHS). However, some ethnic groups have made little or no progress in reducing prevalence, including the Somali (94 per cent), Samburu (86 per cent), Kisii (84 per cent) and Masai (78 per cent). The KDHS reports the national prevalence of child marriage among girls at 23 per cent, with higher prevalence in northern Kenya (56 per cent) and the coast (41 per cent).

14. In 2012, the Government identified 3.6 million vulnerable children, including orphans, who required services. Oversight of child welfare services is weak, however, with few options for family-based alternative care for orphans. There is scarce data on children working or living on the streets.

15. Children's access to justice is limited by weak capacity for investigation, prosecution and judicial proceedings. Human resources and technical capacity for child protection at the local level are insufficient, and greater coordination is required between national and county administrations.

16. Birth registration of under-five children is 64 per cent, with a stark variance between urban and rural contexts: in 2014, 81.9 per cent of children were registered in the capital, Nairobi, while only 16 per cent were registered in Mandera County.

17. There has been rapid growth of the country's social safety net programme, increasing from 522,000 households receiving cash transfers in 2014, to 946,000 in 2017, covering 2.3 million children.

18. The Ministry of Education is leading cross-sectoral ECD policy development that includes health, nutrition, birth registration, protection, early stimulation and learning. Budgetary allocations for ECD have increased since devolution, however, the quality of and access to ECD services remain low and the departments responsible for providing children's services operate in silos. Improving county-level policy frameworks, child-sensitive budgeting, standards and capacity-building remains crucial.

19. The UNICEF comparative advantage in Kenya includes: (a) its established presence, with field offices in high-need regions; (b) a diverse and established range of programming strategies including: supply provision; service delivery; creating demand for services through communication for development activities; upstream policy work; and data generation and analysis; and (c) technical expertise in policy development; fostering innovation; systems-strengthening; and taking responses to scale. Moreover, UNICEF mobilizes resources for and responds to humanitarian situations through Government and national partners, capitalizing on its convening power.

Programme priorities and partnerships

20. The new country programme aims to leave no child behind. It builds on lessons learned from the previous country programme, the strengths of UNICEF and emerging development challenges. It is aligned with article 53 of the Constitution of Kenya (on children's rights), and the Government's Third Medium Term Plan 2018–2022. It directly contributes to two of the Government's "Big Four Plan" priorities:[8] enhancing food and nutrition security

[8] National Treasury, Republic of Kenya. 2018 Budget Policy Statement. Creating jobs, transforming lives - "The big four" plan, forthcoming in 2018, 19 January 2018 draft available: www.treasury.go.ke/budget/send/2-budget/694-draft-2018-budget-policy-statement.html accessed 5 March 2018.

(priority two); and providing universal health coverage (priority three), while indirectly contributing to priority one on expanding the manufacturing sector. The country programme is part of the United Nations Development Assistance Framework (UNDAF), 2018–2022, and builds on the UNICEF Strategic Plan, 2018–2021, the UNICEF Eastern and Southern Africa regional priorities and the 2016 Concluding Observations of the Committee on the Rights of the Child.

21. The main risks to achievement of results include an increase in climate-related disasters, insecurity at border and other areas, reductions to the Government's current level of spending on social services and reduced donor support for Kenya.

22. To realize the rights of all children in Kenya, particularly the most disadvantaged, UNICEF will use an integrated programming approach to deliver cross-sectoral interventions that address multiple deprivations. The country programme is organized around four key development priorities: (a) reduced mortality and stunting; (b) improved early learning and education; (c) enhanced child and adolescent protection and HIV prevention; and (d) improved social protection, inclusion and resilience-building.

Reduced mortality and stunting

23. The country programme will increase the proportion of vulnerable children (including adolescent girls) and pregnant and lactating women who have equitable and sustainable access to, and use of, quality water, sanitation and hygiene (WASH), nutrition, health and HIV/AIDS services, thus reducing their risk of mortality, preventable diseases, stunting and other forms of malnutrition and improving their birth outcomes. UNICEF will:

(a) Support communities to improve service-seeking behaviour and adopt desirable practices relating to sanitation and water use, young child feeding and parenting, maternity, prevention of childhood diseases and HIV prevention;

(b) Ensure that in disadvantaged counties, health workers and other service providers have improved resources and skills to provide quality care and counselling on maternity and common childhood illnesses, immunization, HIV/AIDS, sanitation, ECD, stunting prevention and treatment of severe acute malnutrition;

(c) Ensure that county water departments have increased resources and improved skills to provide and monitor sustainable and safe drinking water to the most vulnerable and marginalized communities;

(d) Strengthen Government capacity to design, cost, implement and monitor county-specific and national policies and programmes to reduce child and maternal mortality, morbidity and stunting, and improve WASH;

(e) Support government and non-governmental partners to adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for WASH, nutrition, health and HIV and AIDS services.

24. UNICEF will work with the national and county Ministries of Health, the Kenyan Medical Supplies Authority, the Ministry of Water and Irrigation, the National Drought Management Authority, the National Treasury, non-government organizations (NGOs) and the private sector.

Improved early learning and education

25. UNICEF will ensure that more children – especially girls from disadvantaged counties and informal settlements, and those affected by humanitarian crises – can access quality, gender-sensitive ECD services and primary education, with increased transition to secondary education that focuses on life skills for employability. It will support efforts to:

(a) Increase enrolment and retention of girls and boys in pre-primary, primary and secondary education, particularly in ASAL counties and informal settlements, focusing on parents, teachers, communities and other partners to support children;

(b) Ensure that more schools in disadvantaged counties have gender-sensitive water and sanitation facilities and health and hygiene education, including menstrual hygiene management;

(c) Improve the capacity of the Ministry of Education to develop, review and implement a gender-equitable education policy – including curriculum reform and a strengthened education management information system – to improve learning outcomes and create life skills that prepare students for employment;

(d) Ensure that more counties have the capacity to implement ECD packages (including health, nutrition, WASH, protection, HIV and early learning) for children up to 6 years old, in line with existing national standards and policies;

(e) Ensure that government and non-governmental partners adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for the education sector.

26. Key partners will include the Ministry of Education, the Teachers Service Commission, the Kenya National Examinations Council, NGOs, the private sector and the Office of the United Nations High Commissioner for Refugees.

Enhanced child and adolescent protection and HIV prevention

27. UNICEF will ensure increased protection for children and adolescents from exposure to HIV and AIDS; violence, exploitation and abuse; and harmful cultural practices, and ensure that they benefit from improved access to prevention, care, support, justice and other services required for physical, mental and social well-being. As a result:

(a) Children, parents, caregivers and communities in target counties, urban informal settlements and refugee settings will have knowledge of, and adopt, desirable practices to prevent and respond to HIV and AIDS, and violence, abuse and exploitation of adolescent girls and boys, and will demonstrate improved service-seeking behaviour and life skills;

(b) Increased numbers of communities in targeted counties will reject harmful practices such as child marriage and FGM/C;

(c) More service sites in target counties will offer birth registration services;

(d) Social welfare and justice systems and schools at the national level and in target counties will have improved capacities, with a skilled workforce and adequate budgets, to prevent and detect cases of violence, abuse and exploitation, and refer and care for affected girls and boys, including those living with HIV;

(e) Government and non-governmental partners will adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for child protection and HIV/AIDS.

UNICEF will work with the Department of Children Services, the Department of Civil Registration, the Office of the Director of Public Prosecution, the judiciary, NGOs and the Anti-Female Genital Mutilation Board.

Improved social protection, inclusion and resilience-building

28. UNICEF will help to increase the number of children from the poorest and most vulnerable households who benefit from shock-responsive and integrated social protection interventions, as well as child-specific policies. It will:

(a) Strengthen demand for social services, including modelling of evidence-based linkages between social protection and the social and economic sectors (including health, nutrition, protection and HIV/AIDS) in selected counties, including modelling access to renewable energy;

(b) Ensure that scalable and flexible systems for delivering social protection, targeting and monitoring and evaluation are in place at the national level and in focus counties, to facilitate shock-responsive national social safety net programmes;

(c) Increase capacity of the national Government and counties to formulate and implement child-centred social protection policies and legal and coordination frameworks;

(d) Ensure that national and county actors can plan, budget, monitor and track expenditures, and leverage resources to scale up evidence-based, innovative and risk-informed approaches to fulfil the rights of children and adolescents. This will be achieved by improving the quality of county integrated development plans so they are aligned with national priorities and implemented appropriately.

29. Key partners include the National Treasury and the Ministry of Planning, the State Department of Social Protection, the Council of Governors and the Kenya National Bureau of Statistics.

Programme effectiveness

30. UNICEF programme implementation strategies will include South-South and triangular cooperation; systems strengthening and service delivery; working with other United Nations organizations; fostering innovations; and using evidence and data to drive change. Programme effectiveness will be facilitated by strengthening external communication, highlighting the situation of marginalized children and young people and strengthening the capacity of the media, civil society, children and youth to advocate for policy changes favouring children's rights. Communication for development approaches will promote increased demand for social services, and community participation in programme planning and monitoring.

31. Based on lessons learned from the initial years of devolution, UNICEF will strengthen the capacity of vulnerable rural and urban communities to increase their participation and engagement in achieving children's rights.

32. UNICEF will implement evidence-driven interventions across sectors to address gender inequality, including specific programming to reduce the barriers faced by girls. Recognizing that harmful cultural norms limit girls' access to services and the enjoyment of their rights, UNICEF will empower communities, including boys and men, to challenge detrimental beliefs and practices.

33. UNICEF will foster partnerships with the private sector by harnessing their core business practices and leveraging their resources, marketing power, capacity and sphere of influence in the interests of vulnerable children.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Reduced mortality and stunting			
Health	7 226	65 000	72 226
Nutrition	7 226	48 000	55 226
Water, sanitation and hygiene	7 374	21 000	28 374
HIV and AIDS (health system)	1 406	2 800	4 206
Improved early learning and basic education			
Education	5 128	33 000	38 128
Early childhood development	1 099	5 000	6 099
Enhanced child and adolescent protection and HIV prevention			
Child protection	7 326	15 000	22 326
HIV and AIDS (community)	2 554	3 200	5 754
Improved social protection, inclusion and resilience-building			
Child-responsive budgeting	5 866	4 000	9 866
Social protection	3 601	5 200	8 801
Programme effectiveness	10 294	7 000	17 294
Total	**59 100**	**209 200**	**268 300**

Programme and risk management

34. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

35. This CPD is risk-informed, with a special focus on the most vulnerable children. Building on national and county government policies and legal frameworks, public and private systems and community capacity will be strengthened to anticipate, absorb and adapt to recurrent shocks and stresses. UNICEF will work across the humanitarian-development nexus with government and development partners to strengthen real-time monitoring systems, early warning and minimum preparedness for effective response, taking into consideration cross-border risks, particularly epidemics and refugee influx.

36. The UNICEF risk management strategy will mitigate risks to programme results tailored to each partner and for each programme location. The capacity of government and civil society partners to meet the requirements of the harmonized approach to cash transfers will be strengthened. Assessment, mitigation and reassessment of risks to programming are included in all programme activities.

37. UNICEF will continue to lead the UNDAF 2018–2022 multi-agency working groups and collaborate and implement joint programmes with other United Nations agencies.

38. Programming will be designed for scalable and adaptive service delivery, reinforcing community engagement and empowerment. In emergencies to which the Government cannot respond, UNICEF will continue working closely with first-line responders and other partners to strengthen the resilience of existing delivery platforms.

Monitoring and evaluation

39. Standardized indicators aligned to the UNICEF Strategic Plan, 2018–2021 and the UNICEF Eastern and Southern Africa regional priorities will be tracked biannually. To support the devolution agenda, UNICEF will disaggregate national targets and results by county, age and gender.

40. UNICEF will continue to invest in institutionalizing and scaling up real-time monitoring systems to support decision making. Under the UNDAF, UNICEF will work with other United Nations agencies to strengthen and support routine monitoring systems, aiming to ensure systematic collection and analysis of data on girls and boys, women and men and vulnerable communities. UNICEF will support county administrations to track and analyse key age- and gender-disaggregated social indicators, enabling programming that is responsive to specific vulnerabilities of boys and girls.

41. UNICEF will strengthen national systems to monitor the child-related Sustainable Development Goal indicators, and will support the Government with major surveys – such as the 2019 census – that include measurement of child-related, gender-disaggregated, impact-level indicators. Up to two evaluations of the programme will be conducted each year, strengthening programming and providing an objective basis for scaling up interventions.

Annex

Results and resources framework

Kenya – UNICEF country programme of cooperation, July 2018–June 2022

Convention on the Rights of the Child: Articles 2, 6, 12, 23, 24, 26, 28–29, and 34– 38 **National priorities:** Kenya Third Medium Term Plan 2018–2022 for VISION 2030 **Sustainable Development Goals:** 2–6, 10–11, 13, 16–17
UNDAF outcomes involving UNICEF: Strategic Priority I: 1. Education, training, sports, arts and culture; 2. Health, including sexual, reproductive, maternal, newborn, child and adolescent health; 3. Nutrition; 4. HIV; 5. Water, sanitation and hygiene; 6. Social protection, and services for prevention and response to gender-based violence and violence against children; 7. Population and housing; 8. Resilience to disasters and emergencies. **Strategic Priority II**: 1. Governance, access to justice, respect for the rule of law, human rights and gender equality; 2. High quality services at devolved level; 3. People in Kenya live in a secure, peaceful, inclusive and cohesive society. **Outcome indicators measuring change that includes UNICEF contribution** **Strategic Priority I** 1.1 Gross enrolment rates (male/female) in ECD, primary, secondary and TVET [technical and vocational education and training] 1.2 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex 1.3 Transition and completion rates from/of (a) Early childhood development and education (ECDE) to primary; (b) primary to secondary/vocational and technical training centres; and (c) secondary to higher or tertiary education 2.1 Under-five mortality rate 2.2 Maternal mortality ratio 2.3 Neonatal mortality rate 2.4 Proportion of Kenyans who are covered by any form of health insurance 2.5 Percentage of live births attended by a skilled health personnel 3.1 Prevalence of stunting among children under 5 years of age 3.2 Prevalence of acute malnutrition among children under 5 years of age 3.3 Percentage of women practicing exclusive breastfeeding 4.1 Number of new HIV infections per 1,000 uninfected population, by sex, age, key populations, county 4.2 Number of AIDS-related deaths, disaggregated by age, sex and county 5.1 Proportion of population using safely managed drinking water services 5.2 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water 6.1 Proportion of population covered by social protection floors/systems 6.2 Proportion of total government spending on social protection 6.3 Proportion of children under 5 years of age whose birth have been registered

6.4 Reduced prevalence of gender-based violence (GBV), female genital mutilation/Cutting (FGM/C), violence against children (VAC) and child marriages

6.5 Proportion of GBV, FGM, VAC and child marriage cases reported are investigated, prosecuted and provided with comprehensive services in focus counties

7.1 Kenya Population and Housing Census conducted

7.2 Percentage of births registered with civil registration services

Strategic Priority II

1. Primary government expenditures as a proportion of original approved budget
2. Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Reduced mortality and stunting Increased proportions of vulnerable children and pregnant and lactating women, including adolescent girls, have equitable access to and use quality WASH (water, sanitation and hygiene), nutrition, health and HIV/AIDS services to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition, and improve their birth outcomes.	1. Percentage of pregnant women living with HIV that received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV B: 75% T: 90% Source: HIV estimates 2. Proportion of children (aged 0–14) living with HIV who are virally suppressed B: 64% T: 90% Source: HIV estimates 3. Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) B: 58% T: 75% Source: DHIS2 4. Percentage of children aged 0–59 months with symptoms of	Kenya Demographic and Health Survey (KDHS), Multiple Indicator Cluster Survey (MICS), District Health Information System 2 (DHIS2), HIV estimates, Ministry of Health (MOH) reports, National AIDS/STD Control Programme Viral Load and Early Infant Diagnosis-website	**Output 1.1:** In 10 or more disadvantaged counties, communities increasingly have improved service-seeking behaviour and adopt desirable practices on sanitation and water use, young child feeding and parenting, maternity and prevention of child disease and HIV/AIDS. **Output 1.2:** In 10 or more disadvantaged counties, health workers and other service providers have improved resources and skills to provide quality service, care and counselling on maternity and common child illnesses, immunization, HIV, sanitation, stunting prevention, ECD and	National and county – MOH, Ministry of Water, Kenya Red Cross, World Vision, National Drought Management Authority (NDMA), National Treasury	Health: 7 226 Nutrition: 7 226 WASH: 7 374 HIV/AIDS: 1 406	65 000 48 000 21 000 2 800	72 226 55 226 28 374 4 206

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	pneumonia that were taken to an appropriate health provider B: 66% T: 72% Source: KDHS		treatment of severe acute malnutrition (SAM). **Output 1.3:** County water departments have increased resources and improved skills to provide and monitor sustainable and safe drinking water to the most vulnerable and marginalized communities. **Output 1.4:** Strengthened government capacity to design, cost, implement and monitor county-specific and national policies and programmes to reduce child and maternal mortality, morbidity and stunting and to improve WASH. **Output 1.5** Government and non-governmental partners adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for WASH, nutrition, health and HIV/AIDS services.				
	5. Proportion of expected number of child pneumonia cases receiving treatment for pneumonia B: 44% T: 60% Source: DHIS2						
	6. Percentage of children <1 year that received DTP (diphtheria/pertussis/tetanus)-containing vaccine B: 63% T: 85% Source: DHIS2						
	7. Percentage of girls and boys 6–59 months that received two annual doses of vitamin A supplementation B: 41% T: 80% Source: KDHS						
	8. Number of Sphere standards met (in relation to the management of SAM) B: 3 T: 3 Source: DHIS2						
	9. Percentage of the population using basic drinking water services B: 58% T: 65% Source: WHO/UNICEF Joint Monitoring Programme (JMP) reports						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	10. Percentage of the population practising open defecation B: 12% T: 5% Source: JMP reports						
2. Improved early learning and education An increased proportion of children aged 0 to 18, especially girls from the most disadvantaged counties, informal settlements and those affected by humanitarian crisis, access quality, gender-sensitive ECD and education services, with increased transition to secondary education	1. Percentage improvement in learning outcomes (Sustainable Development Goal 4.1) B: 36.1% T: 50% Source: National Education Management Information System (NEMIS)	Basic Education Statistical Booklet, NEMIS, Ministry of Education annual report	**Output 2.1:** Increased enrolment and retention of girls and boys in pre-primary, primary and secondary education, particularly in the ASAL counties and informal settlements, targeting parents, teachers, communities and other partners to support children **Output 2.2:** An increased number of schools in at least nine disadvantaged counties have gender-sensitive water and sanitation facilities, and health and hygiene education, including menstrual hygiene management **Output 2.3:** MOE has improved capacity to develop, review and implement a gender-equitable education policy, including curriculum reform and strengthened information management, to improve learning outcomes and develop life skills for employment for girls and boys **Output 2.4:** An increased number of counties have the	MOE, Teachers Service Commission, Kenya National Examinations Council, World Vision, FilmAid, Office of the United Nations High Commissioner for Refugees	Education: 5 128 ECD: 1 099	33 000 5 000	38 128 6 099
	2. Out-of-school rate for girls and boys of primary and lower secondary school age B: 11% T: 5% Source: NEMIS						
	3. Gross enrolment ratio in pre-primary education B: 76.5% (78% boys, 75% girls) T: 90% (90% boys, 90% girls)						
	4. Transition rate between primary and lower secondary education B: 86% T: 88% Source: Basic Education Statistical Booklet						
	5. Percentage of schools with single-sex basic sanitation/hygiene B: boys 72%, girls 74% T: 82% (boys and girls) Source: Basic Education Statistical Booklet						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			capacity to implement integrated ECD packages, including health, nutrition, WASH, protection, HIV and early learning for children 0-6 years of age, in line with national standards and policy. **Output 2.5.** Government and non-government partners adopt risk-informed approaches to emergency preparedness, planning and response to the humanitarian needs of the education sector.				
3. Enhanced protection and HIV prevention Children and adolescents are increasingly protected from exposure to HIV and AIDS, violence, abuse, exploitation and harmful cultural practices, and benefit from increased access to prevention, care, treatment, support, justice and other services needed to ensure their physical, mental and social well-being.	1. Number of reported cases of violence against girls and boys B: 50,591 T: 400,000 Source: Child Protection Management System (CPMS)	CPMS, Child Helpline 116, KDHS, DHIS2, economic surveys	**Output 3.1:** Children, parents, caregivers and communities in target counties, urban informal settlements and refugee settings have knowledge and adopt desirable practices to prevent and respond to HIV/AIDS, and violence, abuse and exploitation of girls and boys, and have improved service-seeking behaviour **Output 3.2:** Increased number of communities in targeted counties that demonstrate a rejection of harmful practices such as child marriage and FGM/C **Output 3.3:** Increased number of sites offer birth registration services in target counties	Department of Children Services, Department of Civil Registration, Office of the Director of Public Prosecutions, the judiciary, Anti-Female Genital Mutilation Board	Child protection 7 326 HIV/AIDS 2 554	15 000 3 200	22 326 5 754
	2. Children (0–17) living in residential care B: 49,500 T: 74,500 Source: CPMS						
	3. Percentage of adolescent girls that have received prevention or care interventions to address child marriage or female genital mutilation/cutting (FGM/C) B: 46% T: 75% Source: Programme reports/surveys						
	4. Girls and women aged 15–49 years who have undergone FGM/C, by age group						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 21% T: 13% Source: KDHS		**Output 3.4:** Social welfare, justice systems and schools, at national level and in target counties have improved capacities, skilled workforce and adequate budgets to prevent, detect, refer and care for girls and boys who are victims of violence, abuse and exploitation, including those living with HIV **Output 3.5** Government and non-governmental partners adopt risk-informed approaches to emergency preparedness, planning and response to humanitarian needs for child protection and HIV				
	5. Percentage of girls and boys (0-18 years) living with HIV that received antiretroviral therapy B: 43.3% T: 90% Source: Kenya AIDS Response Progress Report						
	6. Percentage of adolescents (10–19 years old) who were tested for HIV in the past 12 months and who know their status (disaggregated by gender) B: males 26.6%, females 5.3% T: 90% Source: Electronic medical records, MOH reports, National AIDS Control Council reports						
	7. Children under five whose births are registered B: 60% T: 75% Source: KDHS						
4. Social inclusion An increased number of children from the poorest and most vulnerable households benefit from shock-responsive and integrated social protection interventions, as well as from child-specific policies	1. Number of households reached by cash transfer programmes B: 946,049 T: 2,000,000 Source: National Single Registry for Social Protection	National and county budget statements, management information system, Social Protection Secretariat reports	**Output 4.1** Social service demand is strengthened through modelling of evidence-based linkages between social protection and social/economic sectors in select counties **Output 4.2:** Scalable and flexible social protection delivery, targeting and monitoring and evaluation systems are in place at national level and targeted	Ministry of Planning, National Treasury, Council of Governors, Kenya National Bureau of Statistics	Child-responsive budgeting 5 866 Social protection 3 601	4 000 5 200	9 866 8 301
	2. Proportion of public investments in non-contributory social protection programmes measured in real per capita terms or as a percentage of the national budget B: 2%						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 2.7% Source: National and county budget statements		counties to facilitate shock-responsive national social safety net programmes **Output 4.3:** National Government and counties have increased capacity to formulate and implement child-centred social protection policies and legal and coordination frameworks. **Output 4.4:** National and county actors plan, budget, monitor and track expenditures, as well as leverage resources to scale-up evidence-based, innovative and risk-informed approaches to fulfilling the rights of children and adolescents.				
	3. Government budget allocations to sectoral or child-specific policies and programmes as a percentage of total government budget allocations B: 41% (health and nutrition 8%, education 17%, water 1%, social protection 2%) T: 45% (health and nutrition 10%, education 17%, water 3%, social protection 6%) Source: National and county budget statements						
5. Programme effectiveness Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards for achieving results for children	1. Percentage of programme outputs achieved B: 0% T: 80% Source: Insight		**Output 5.1:** Staff and partners are provided guidance tools and resources to effectively design and manage programmes **Output 5.2:** Staff and partners are provided guidance tools and resources for effective communication on child rights issues **Output 5.3:** Staff and partners are provided guidance tools and resources to effectively plan and monitor programmes		10 294	7 000	17 294

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			Output 5.4: Strategies to address cross-cutting issues related to child rights are developed and applied **Output 5.5:** Coordination is strengthened to enhance UNICEF humanitarian response **Output 5.6:** Staff and partners are provided guidance tools and resources to effectively manage resources				
Total resources					**59 100**	**209 200**	**268 300**